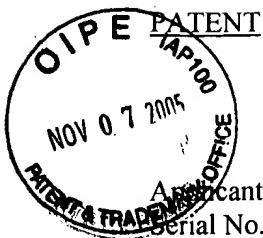


2182
TFW



Docket No. 655-012C

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s) : Baker et al.
Serial No. : 09/777,003
Filed : February 5, 2001
For : INTEGRATED MULTIMEDIA SYSTEM WITH LOCAL PROCESSOR...

CERTIFICATE OF MAILING (37 C.F.R. 1.8a)

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

I hereby certify that the attached Amendment, Amendment Transmittal, Petition for Two-Month Extension of time, Checks \$450.00 and \$130.00, Terminal Disclaimer, and Return Postcard, along with any paper(s) referred to as being attached or enclosed and this Certificate of Mailing are being deposited with the United States Postal Service on the date shown below with sufficient postage as first-class mail in an envelope addressed to the: Commissioner for Patents, P.O. Box 1450 Alexandria, V.A. 22313-1450.

Respectfully submitted,

SOFER & HAROUN, L.L.P.

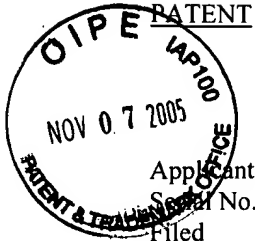
By: 

Tiffany Foster

Date: November 3, 2005

Mailing Address:

SOFER & HAROUN, L.L.P.
317 Madison Avenue, Suite 910
New York, New York 10017
Tel:(212)697-2800
Fax:(212)697-3004



Docket No. 655-012C

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s) : Baker et al. Group Art Unit: 2182
Serial No. : 09/777,003 Examiner: Tanh Q.
Filed : February 5, 2001
For : INTEGRATED MULTIMEDIA SYSTEM WITH LOCAL PROCESSOR...

AMENDMENT FEE TRANSMITTAL

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment for the above-identified application.

☒ No additional fee is required.

☐ The additional fee has been calculated as shown below:

CLAIMS AS AMENDED

| | Claims Remaining After Amendment | | Highest No. Covered by Previous Payments | Present Extra | Rate | Additional Fee |
|-----------------------------------|---|---|---|------------------|------------|-------------------|
| Total Claims* | 26 | - | 26 | =0 | x \$50.00 | \$ _____ |
| Independent Claims | 2 | - | 3 | =0 | x \$200.00 | \$ _____ |
| Multiple Dependent Claim(s) | (If claims added by amendment include Multiple Dependent Claim(s) and there was no Multiple Dependent Claim(s) in application before amendment add \$260.00 to additional fee.) | | | | | \$ _____ |
| | | | | | Total: | \$ _____ |

☐ Verified Statement of "Small Entity" Status Under 37 CFR § 1.27
filed _____. Reduced Fees Under 37 CFR § 1.9(f)
(50% of total) paid herewith. \$ _____

☐ Charge fee to Deposit Account No. 19-2825 . Order No. _____
A DUPLICATE COPY OF THIS SHEET IS ATTACHED.

* Includes all independent and single dependent claims and all claims referred to in
multiple dependent claims. See 37 C.F.R. § 1.75(c).

- ☒ [X] The Commissioner is hereby authorized to charge any additional fees which may be required for this amendment, or credit any overpayment to Deposit Account No.19-2825. Order No. 655-012C.
A DUPLICATE COPY OF THIS SHEET IS ATTACHED.
- ☐ [] ___ Page(s) of substitute Sequence Listing
- ☐ [] ___ Computer disk(s) containing substitute Sequence Listing
- ☐ [] Statement under 37 C.F.R. § 1.825(b) that the computer and paper copies of the substitute Sequence Listing are the same.
- ☐ [] A check in the amount of \$_____ to cover the filing fee is attached.

Respectfully submitted,

SOFER & HAROUN L.L.P.

Dated: November 3, 2005

By: 

Joseph Sofer

Registration No. 34,438

Mailing Address:

SOFER & HAROUN L.L.P.
317 Madison Avenue
New York, New York 10017
(212) 697-2800
Fax: (212) 697-3004